

REQUEST FOR DUPLICATE COPY, NAME CHANGE, OR SUBSTITUTE SOCIAL SECURITY NUMBER

ARIZONA DEPARTMENT OF EDUCATION-CERTIFICATION UNIT
Phoenix Office: P.O. Box 6490, Phoenix, AZ 85005-6490 Telephone: (602) 542-4367
Tucson Office: 400 W. Congress St., #118, Tucson, AZ 85701 Telephone: (520) 628-6326
www.ade.az.gov/certification

PLEASE SUBMIT A \$20 CASHIER'S CHECK, MONEY ORDER OR PERSONAL CHECK FOR A NAME CHANGE, DUPLICATE CERTIFICATE OR A SUBSTITUTE SOCIAL SECURITY NUMBER. WRITE YOUR SOCIAL SECURITY NUMBER (SSN) ON THE CHECK UNLESS YOU ARE REQUESTING A SUBSTITUTE SSN. FEES ARE NONREFUNDABLE.

(PLEASE TYPE OR USE BLACK INK)

Social Security No. _____ **CURRENT NAME:** _____
Last **First** **Middle**

Address

()
Telephone

City, State, Zip

I am requesting the following (Please check the appropriate box.):

- ☐ A duplicate copy of my certificate.
- ☐ A new certificate issued in my new name due to my name being legally changed.
(Please submit proof of name change i.e. marriage license, court order, divorce decree, drivers license.)

FORMER NAME			
	Last	First	Middle

NEW NAME	Last	First	Middle

- [] A substitute social security number. (This does not void the social security number assigned by the Federal Government.)**

Date **Applicant's Signature**